



General Assembly

January Session, 2003

***Raised Bill No. 6550***

LCO No. 3927

Referred to Committee on Human Services

Introduced by:  
(HS)

***AN ACT CONCERNING THE CONNECTICUT HOME-CARE PROGRAM  
FOR THE ELDERLY.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-342 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective July 1, 2003*):

3 (a) The Commissioner of Social Services shall administer the  
4 Connecticut home-care program for the elderly state-wide in order to  
5 prevent the institutionalization of elderly persons (1) who are  
6 recipients of medical assistance, (2) who are eligible for such  
7 assistance, (3) who would be eligible for medical assistance if residing  
8 in a nursing facility, or (4) who meet the criteria for the state-funded  
9 portion of the program under subsection (i) of this section. For  
10 purposes of this section, a long-term care facility is a facility which has  
11 been federally certified as a skilled nursing facility or intermediate care  
12 facility. The commissioner shall make any revisions in the state  
13 Medicaid plan required by Title XIX of the Social Security Act prior to  
14 implementing the program. The annualized cost of the community-  
15 based services provided to such persons under the program shall not  
16 exceed sixty per cent of the weighted average cost of care in skilled

17 nursing facilities and intermediate care facilities. The program shall be  
18 structured so that the net cost to the state for long-term facility care in  
19 combination with the community-based services under the program  
20 shall not exceed the net cost the state would have incurred without the  
21 program. The commissioner shall investigate the possibility of  
22 receiving federal funds for the program and shall apply for any  
23 necessary federal waivers. A recipient of services under the program,  
24 and the estate and legally liable relatives of the recipient, shall be  
25 responsible for reimbursement to the state for such services to the  
26 same extent required of a recipient of assistance under the state  
27 supplement program, medical assistance program, temporary family  
28 assistance program or food stamps program. Only a United States  
29 citizen or a noncitizen who meets the citizenship requirements for  
30 eligibility under the Medicaid program shall be eligible for home-care  
31 services under this section, except a qualified alien, as defined in  
32 Section 431 of Public Law 104-193, admitted into the United States on  
33 or after August 22, 1996, or other lawfully residing immigrant alien  
34 determined eligible for services under this section prior to July 1, 1997,  
35 shall remain eligible for such services. The Commissioner of Social  
36 Services shall not accept applications for assistance pursuant to this  
37 section from a qualified alien, as defined in Section 431 of Public Law  
38 104-193, or other lawfully residing immigrant alien after June 30, 2003.  
39 Qualified aliens or other lawfully residing immigrant aliens not  
40 determined eligible prior to July 1, 1997, shall be eligible for services  
41 under this section subsequent to six months from establishing  
42 residency. Notwithstanding the provisions of this subsection, any  
43 qualified alien or other lawfully residing immigrant alien or alien who  
44 formerly held the status of permanently residing under color of law  
45 who is a victim of domestic violence or who has mental retardation  
46 shall be eligible for assistance pursuant to this section. Qualified aliens,  
47 as defined in Section 431 of Public Law 104-193, or other lawfully  
48 residing immigrant aliens or aliens who formerly held the status of  
49 permanently residing under color of law shall be eligible for services  
50 under this section provided other conditions of eligibility are met.

51 (b) The commissioner shall solicit bids through a competitive  
52 process and shall contract with an access agency, approved by the  
53 Office of Policy and Management and the Department of Social  
54 Services as meeting the requirements for such agency as defined by  
55 regulations adopted pursuant to subsection (e) of this section, that  
56 submits proposals which meet or exceed the minimum bid  
57 requirements. In addition to such contracts, the commissioner may use  
58 department staff to provide screening, coordination, assessment and  
59 monitoring functions for the program.

60 (c) The community-based services covered under the program shall  
61 include, but not be limited to, the following services to the extent that  
62 they are not available under the state Medicaid plan, occupational  
63 therapy, homemaker services, companion services, meals on wheels,  
64 adult day care, transportation, mental health counseling, care  
65 management, elderly foster care, minor home modifications and  
66 assisted living services provided in state-funded congregate housing  
67 and in other assisted living pilot or demonstration projects established  
68 under state law. Recipients of state-funded services and persons who  
69 are determined to be functionally eligible for community-based  
70 services who have an application for medical assistance pending shall  
71 have the cost of home health and community-based services covered  
72 by the program, provided they comply with all medical assistance  
73 application requirements. Access agencies shall not use department  
74 funds to purchase community-based services or home health services  
75 from themselves or any related parties.

76 (d) Physicians, hospitals, long-term care facilities and other licensed  
77 health care facilities may disclose, and, as a condition of eligibility for  
78 the program, elderly persons, their guardians, and relatives shall  
79 disclose, upon request from the Department of Social Services, such  
80 financial, social and medical information as may be necessary to enable  
81 the department or any agency administering the program on behalf of  
82 the department to provide services under the program. Long-term care  
83 facilities shall supply the Department of Social Services with the names

84 and addresses of all applicants for admission. Any information  
85 provided pursuant to this subsection shall be confidential and shall not  
86 be disclosed by the department or administering agency.

87 (e) The commissioner shall adopt regulations, in accordance with  
88 the provisions of chapter 54, to define "access agency", to implement  
89 and administer the program, to establish uniform state-wide standards  
90 for the program and a uniform assessment tool for use in the screening  
91 process and to specify conditions of eligibility.

92 (f) The commissioner may require long-term care facilities to inform  
93 applicants for admission of the program established under this section  
94 and to distribute such forms as the commissioner prescribes for the  
95 program. Such forms shall be supplied by and be returnable to the  
96 department.

97 (g) The commissioner shall report annually, by June first, to the joint  
98 standing committee of the General Assembly having cognizance of  
99 matters relating to human services on the program in such detail,  
100 depth and scope as said committee requires to evaluate the effect of the  
101 program on the state and program participants. Such report shall  
102 include information on (1) the number of persons diverted from  
103 placement in a long-term care facility as a result of the program, (2) the  
104 number of persons screened, (3) the average cost per person in the  
105 program, (4) the administration costs, (5) the estimated savings, and (6)  
106 a comparison between costs under the different contracts.

107 (h) An individual who is otherwise eligible for services pursuant to  
108 this section shall, as a condition of participation in the program, apply  
109 for medical assistance benefits pursuant to section 17b-260 when  
110 requested to do so by the department and shall accept such benefits if  
111 determined eligible.

112 (i) (1) On and after July 1, 1992, the Commissioner of Social Services  
113 shall, within available appropriations, administer a state-funded  
114 portion of the program for persons (A) who are sixty-five years of age

115 and older; (B) who are inappropriately institutionalized or at risk of  
116 inappropriate institutionalization; (C) whose income is less than or  
117 equal to the amount allowed under subdivision (3) of subsection (a) of  
118 this section; and (D) whose assets, if single, do not exceed [the  
119 minimum community spouse protected amount pursuant to Section  
120 4022.05 of the department's uniform policy manual] sixty-seven  
121 thousand, eight hundred thirty-six dollars or, if married, the couple's  
122 assets do not exceed [one hundred fifty per cent of said community  
123 spouse protected amount] seventy-six thousand, seven hundred  
124 eighty-four dollars.

125 (2) Any person whose income exceeds two hundred per cent of the  
126 federal poverty level shall contribute to the cost of care in accordance  
127 with the methodology established for recipients of medical assistance  
128 pursuant to Sections 5035.20 and 5035.25 of the department's uniform  
129 policy manual.

130 (3) On and after June 30, 1992, the program shall serve persons  
131 receiving state-funded home and community-based services from the  
132 department, persons receiving services under the promotion of  
133 independent living for the elderly program operated by the  
134 Department of Social Services, regardless of age, and persons receiving  
135 services on June 19, 1992, under the home care demonstration project  
136 operated by the Department of Social Services. Such persons receiving  
137 state-funded services whose income and assets exceed the limits  
138 established pursuant to subdivision (1) of this subsection may continue  
139 to participate in the program, but shall be required to pay the total cost  
140 of care, including case management costs.

141 (4) Services shall not be increased for persons who received services  
142 under the promotion of independent living for the elderly program  
143 over the limits in effect under said program in the fiscal year ending  
144 June 30, 1992, unless a person's needs increase and the person is  
145 eligible for Medicaid.

146 (5) The annualized cost of services provided to an individual under

147 the state-funded portion of the program shall not exceed: [fifty] (A)  
 148 Fifty per cent of the weighted average cost of care in nursing homes in  
 149 the state for individuals who are at risk of institutional placement, but  
 150 would not immediately enter a hospital or nursing facility in the  
 151 absence of such program services; or (B) seventy-five per cent of the  
 152 weighted average cost of care in nursing homes in the state for  
 153 individuals who would otherwise require admission to a nursing  
 154 facility, except an individual who received services costing in excess of  
 155 such amount under the Department of Social Services in the fiscal year  
 156 ending June 30, 1992, may continue to receive such services, provided  
 157 the annualized cost of such services does not exceed eighty per cent of  
 158 the weighted average cost of such nursing home care. The  
 159 commissioner may allow the cost of services provided to an individual  
 160 to exceed the maximum cost established pursuant to this subdivision  
 161 in a case of extreme hardship, as determined by the commissioner,  
 162 provided in no case shall such cost exceed that of the weighted cost of  
 163 such nursing home care.

164 (j) The Commissioner of Social Services may implement revised  
 165 criteria for the operation of the program while in the process of  
 166 adopting such criteria in regulation form, provided the commissioner  
 167 prints notice of intention to adopt the regulations in the Connecticut  
 168 Law Journal within twenty days of implementing the policy. Such  
 169 criteria shall be valid until the time final regulations are effective.

This act shall take effect as follows:	
Section 1	<i>July 1, 2003</i>

***HS***

***Joint Favorable C/R***

***APP***